

Public Health in a Reformed Health System the Opportunities and Challenges

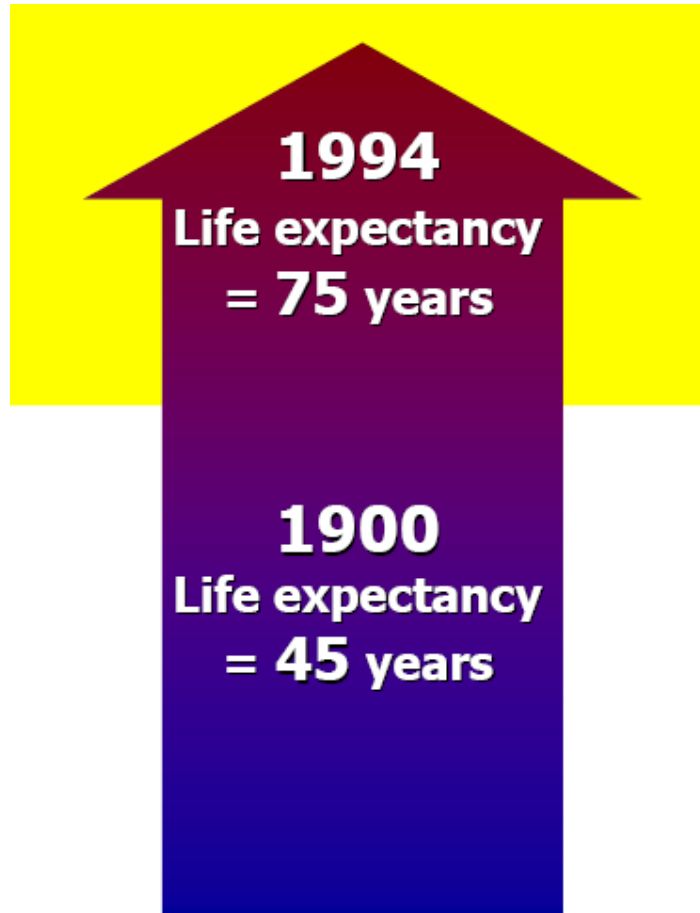
Sharon Moffatt
Association of State and Territorial Health Officials
September 30, 2010



The Opportunities for Public Health to Change the Health of Our Nation



Value of Public Health



- ▶ The average life expectancy in the US rose 30 years in the last century
- ▶ 25 of these years are due to advances in public health

Ten Great Public Health Achievements United States 1900–1999

- ❖ Healthier mothers and babies
- ❖ Increased Vaccination
- ❖ Motor–vehicle safety
- ❖ Family planning
- ❖ Safer and healthier foods
- ❖ Fluoridation of drinking water
- ❖ Recognition of tobacco use as a health hazard
- ❖ Safer workplaces
- ❖ Control of infectious diseases
- ❖ Decline in coronary heart disease and stroke death

Source: MMWR April 02, 1999 / 48(12);241–243

Public Health Saves Health Care Dollars

Initiative	Savings for Every \$1 Spent
Chronic Disease Management	\$ 5.60
Immunizations	\$16.00
Smoking Cessation for Pregnant Women	\$6.00
Women, Infants, and Children (WIC)	\$1.92 – \$4.21

ASTHO analysis of national data. References on www.astho.org

Public Health Core Functions and Essential Services



Source: CDC

Health Pyramid of Public Health Services

Adapted from HRSA/MCHB

DIRECT HEALTH CARE SERVICES

(gap filling)

Basic health services such as
WIC clinics, IIMZ Clinics,
Safety net health clinics, CSHN clinics

ENABLING SERVICES

Transportation, translations, outreach, respite care,
health education, family support services, purchase of health
insurance, case management coordination with
Medicaid, WIC, and Education.

POPULATION-BASED SERVICES

Newborn screening, lead screening, immunization, sudden infant death
syndrome counseling, oral health, injury prevention, nutrition, and
outreach/public education.

INFRASTRUCTURE-BUILDING SERVICES

Assessment, Assurance, Policy Development
Evaluation, planning, policy development, coordination, quality assurance,
standards development, applied research, systems of care, and information

As officials scramble to close budget shortfalls, programs such as the Healthy Start Coalition are at risk next week when legislators may be forced to

SAVE MONEY OR FAMILIES

Naples Herald, March 31, 2010

Impact of Budget Cuts on States

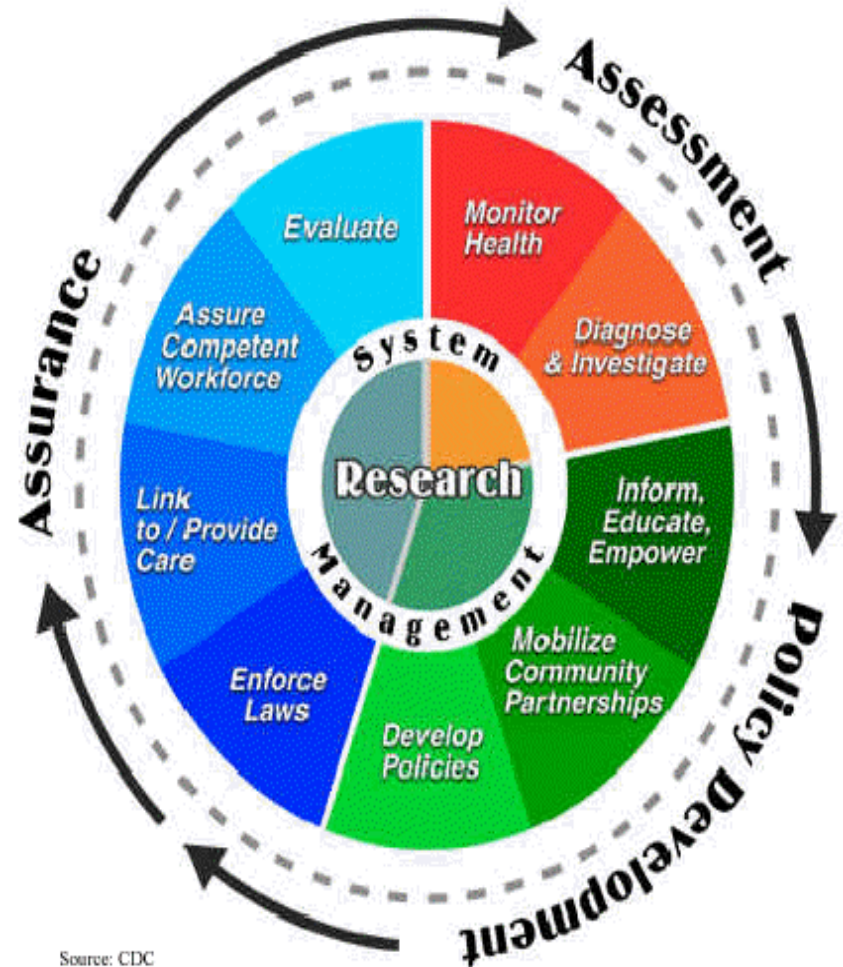
- ▶ 83% of state health departments lost jobs
- ▶ 76% made cuts in FY 09 and FY10
- ▶ 38% expect to lose more staff through layoffs and attrition

State Examples of Impact

- ▶ Eliminated Asthma Program
- ▶ Eliminated Teen Pregnancy Program
- ▶ Reduce immunizations
- ▶ Reduce eligibility for maternal child health programs

Assessment

- ▶ Monitor Health
- ▶ Diagnose & Investigate
- ▶ Evaluate



Source: CDC

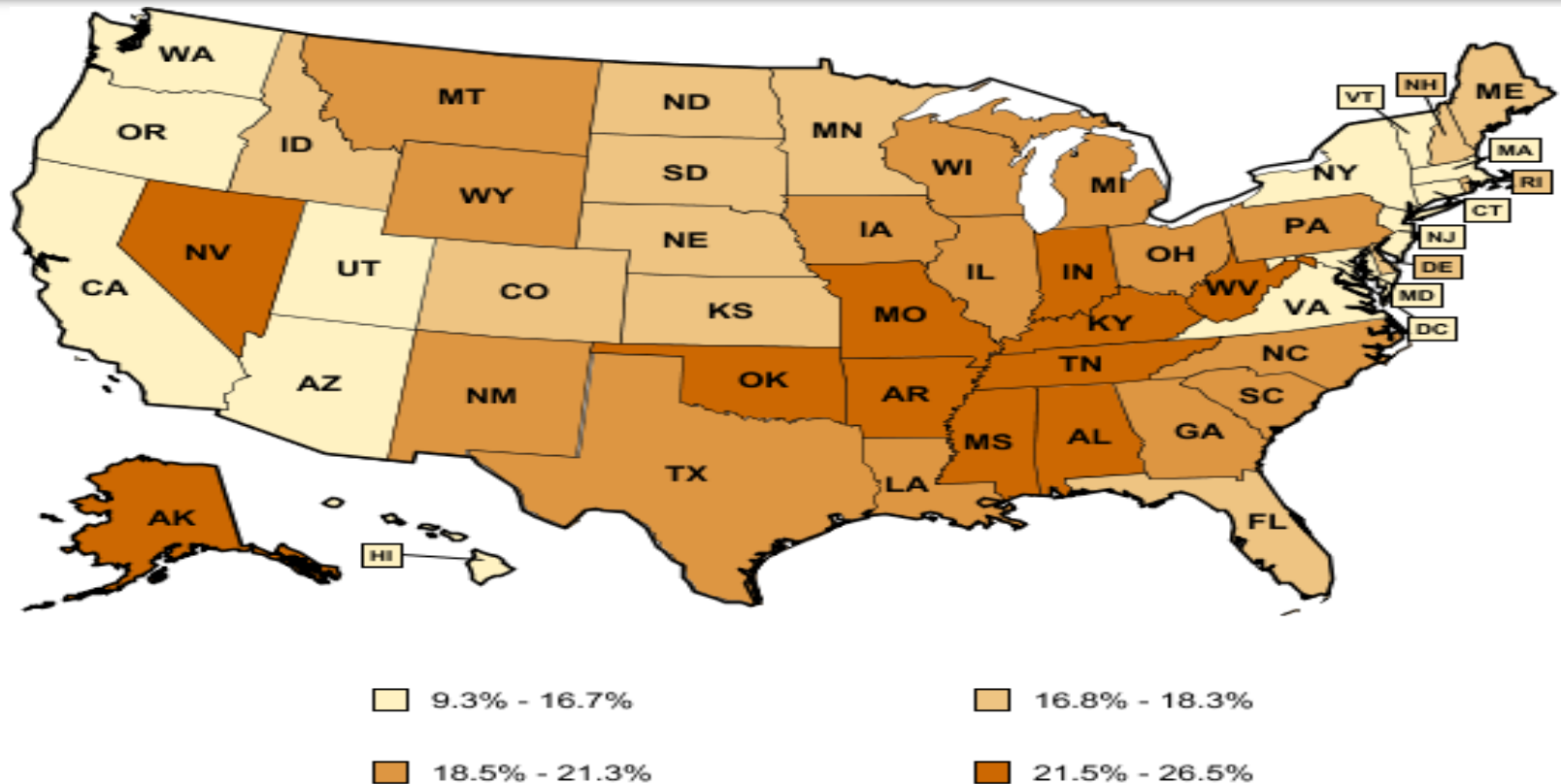
Cost of Chronic Conditions is both Personal and Financial

Care for people with chronic conditions accounts for

- 78% of health care spending
- 76% of hospital admissions
- 72% of all physician visits
- 88% of all prescriptions filled



Prevalence of smoking among US adults in 2008



Percent of Adults Who Smoke, 2008

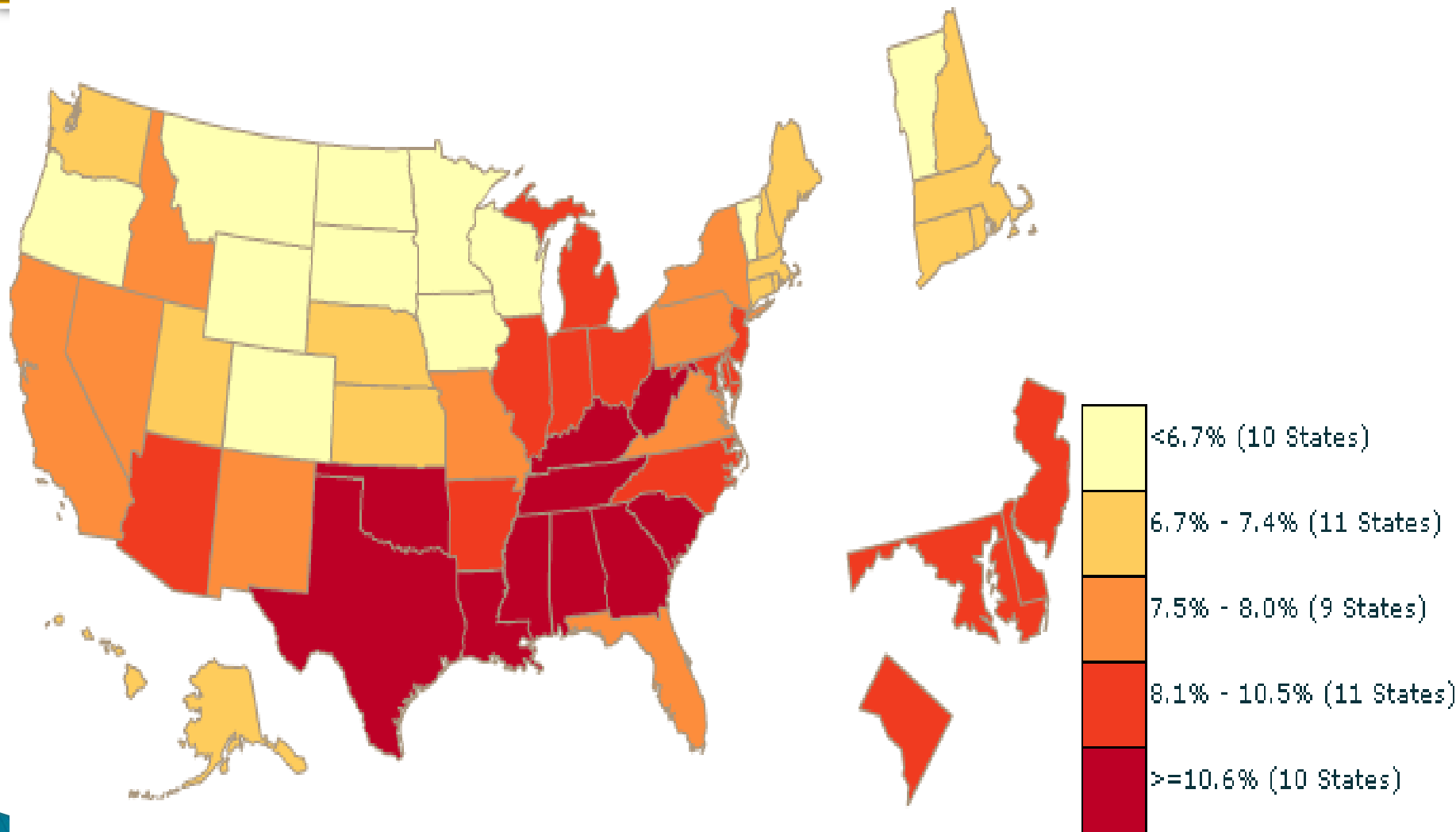


statehealthfacts.org
Your source for state health data

Data Source: Centers for Disease Control and Prevention (CDC),
Behavioral Risk Factor Surveillance System Survey Data (BRFSS).
Downloaded from statehealthfacts.org.



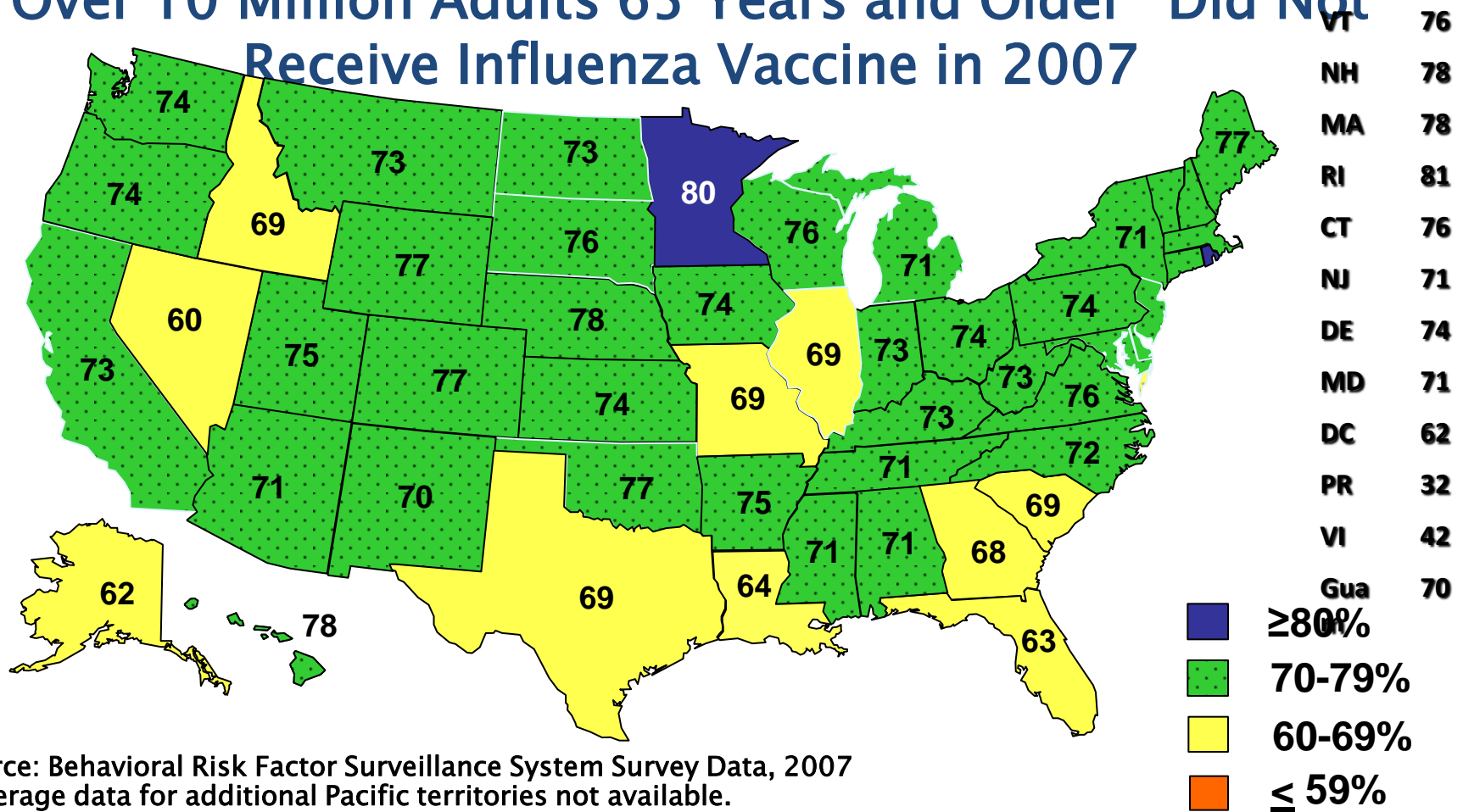
Prevalence of diabetes among US adults in 2007



Data Source: [BRFSS](#). Downloaded from CDC's Division for Heart Disease and Stroke Prevention-Data Trends & Maps Web site.

Nearly One-Third of U.S. Adults ≥ 65 Years Are at Risk for Influenza

Over 10 Million Adults 65 Years and Older* Did Not Receive Influenza Vaccine in 2007



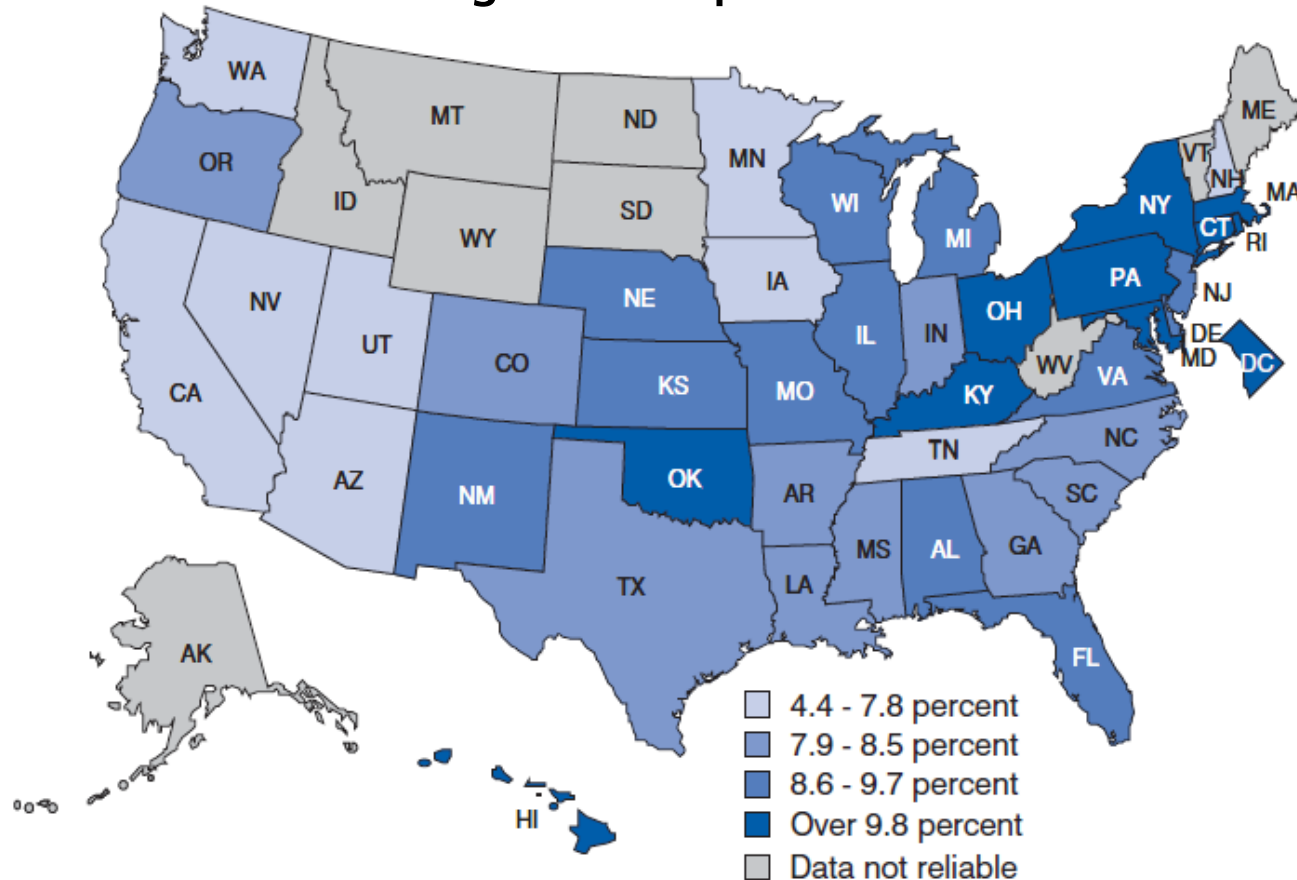
Source: Behavioral Risk Factor Surveillance System Survey Data, 2007

Coverage data for additional Pacific territories not available.

* 2007 U.S. Census data

Children and Asthma

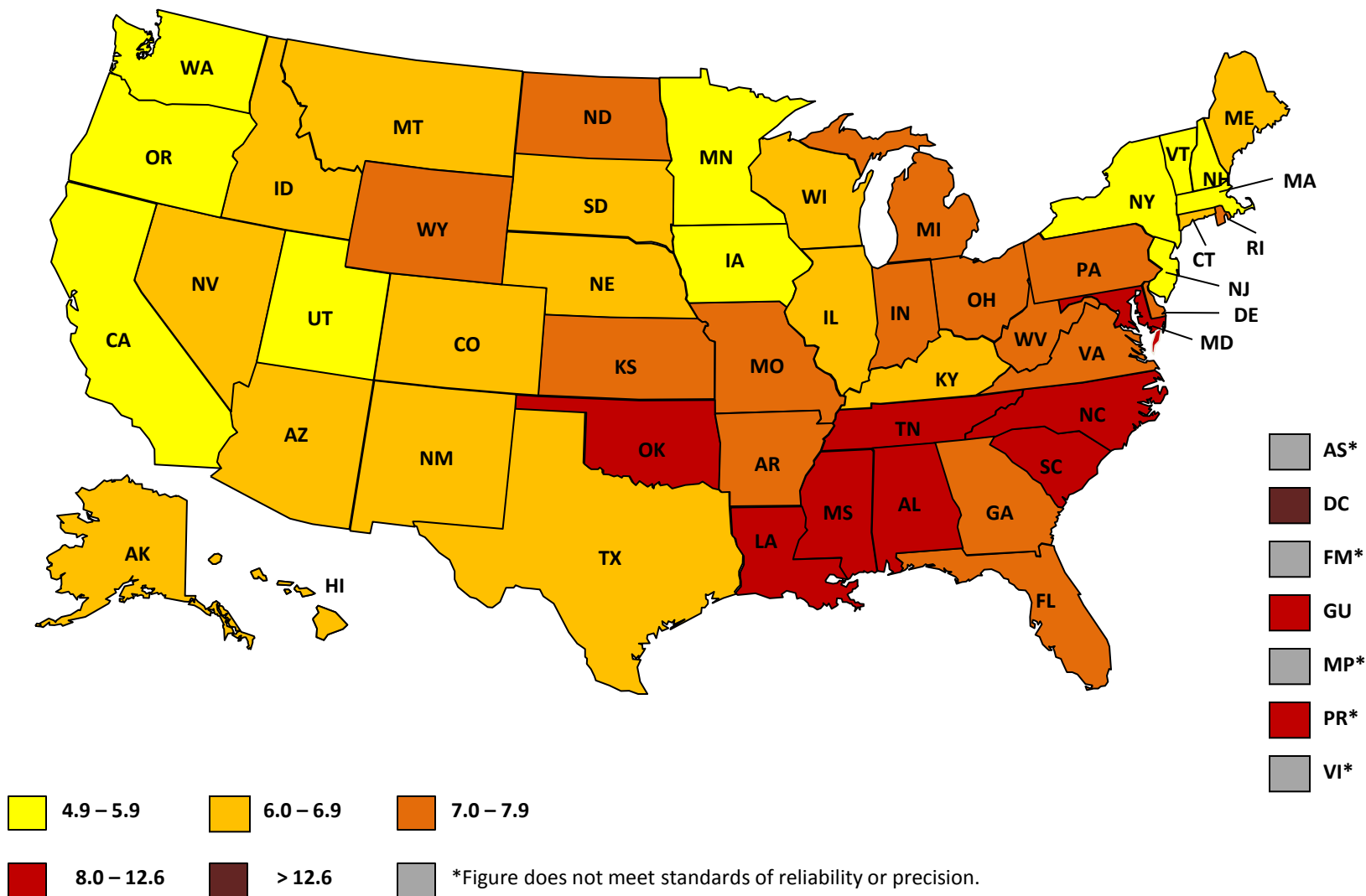
**Current asthma prevalence among children 0–17 years of age, by state,
annual average for the period 2001–2005**



Akinbami LJ. The State of childhood asthma, United States, 1980–2005. Advance data from vital and health statistics; no 381, Hyattsville, MD: National Center for Health Statistics. 2006.

Infant Mortality

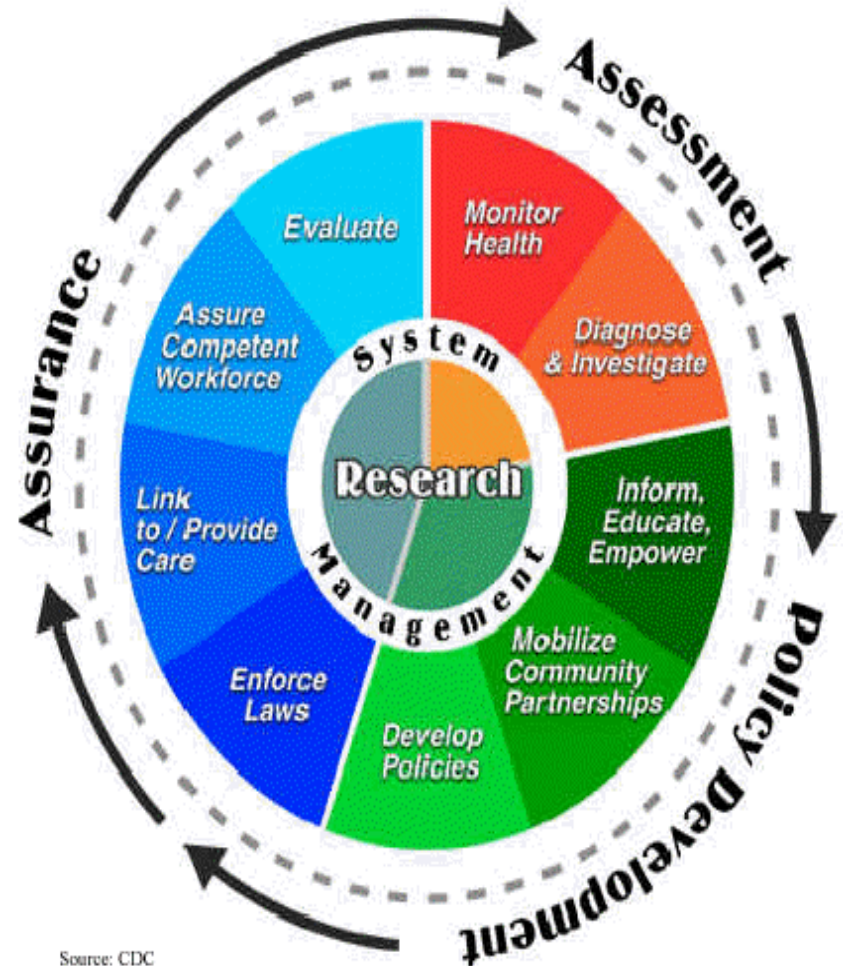
Deaths per 1,000 Live Births, 2007



Xu JQ, Kochanek KD, Murphy SL, Tejada-Vera B. Deaths: Final data for 2007. National vital statistics reports web release; vol 58 no 19. Hyattsville, Maryland: National Center for Health Statistics. Released May, 2010.

Assurance

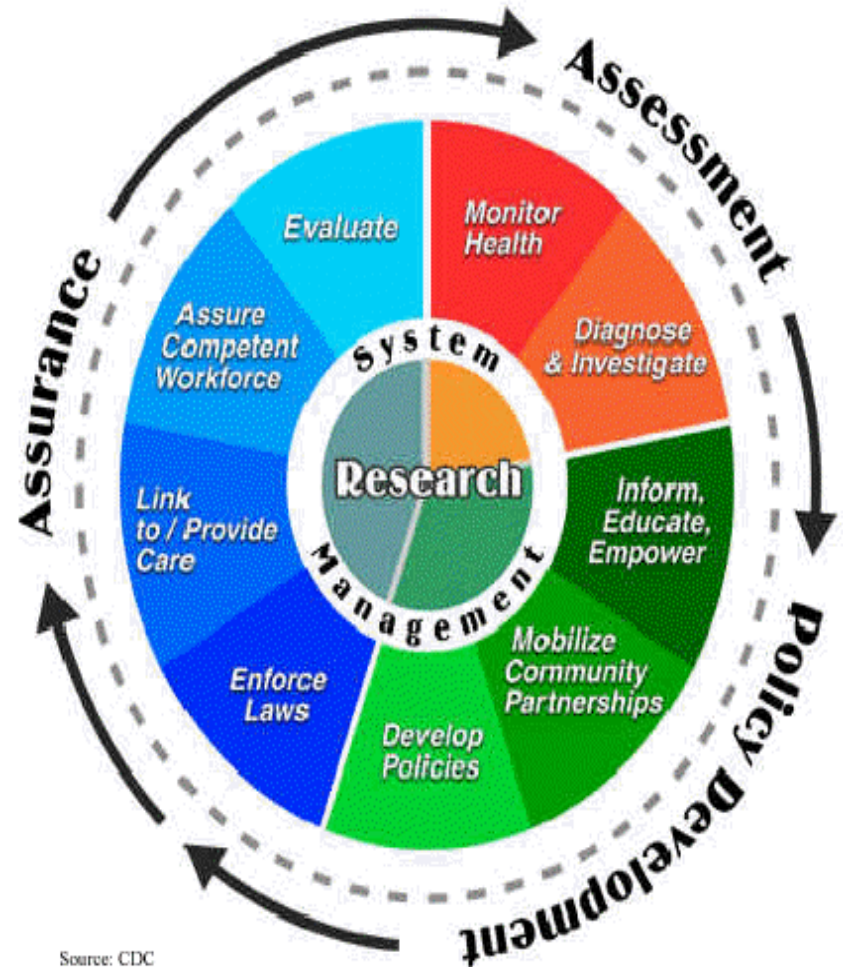
- ▶ Link to Provider Care: Quality of Care
- ▶ Enforce Laws
- ▶ Assure Competent Workforce
- ▶ Evaluate



Source: CDC

Policy Development

- ▶ Inform, Educate, Empower
- ▶ Mobilize Community Partnerships
- ▶ Develop Policies



Source: CDC

Health Reform Support for Evidence Based Practice

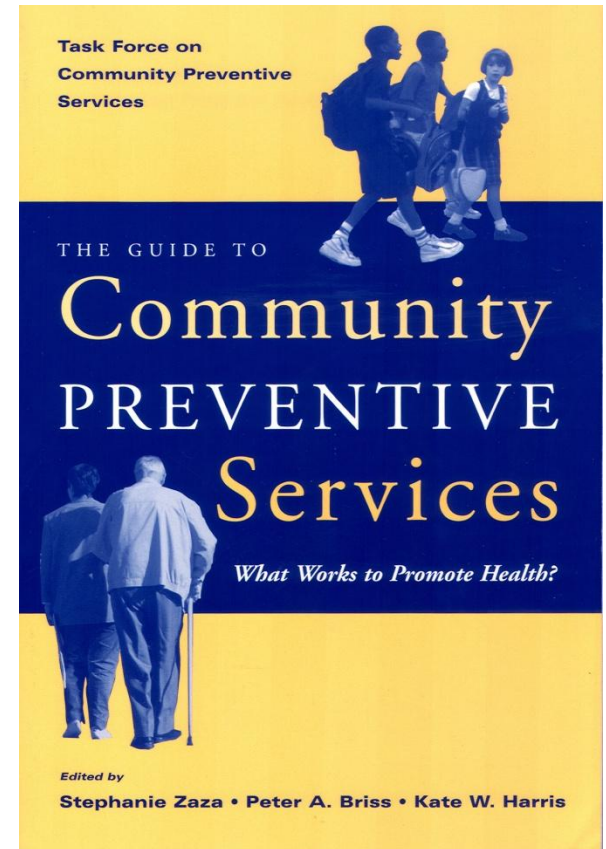
Community Guide

- Effective community-based interventions in public health

www.thecommunityguide.org

US Preventative Services Guide

www.ahrq.gov/CLINIC



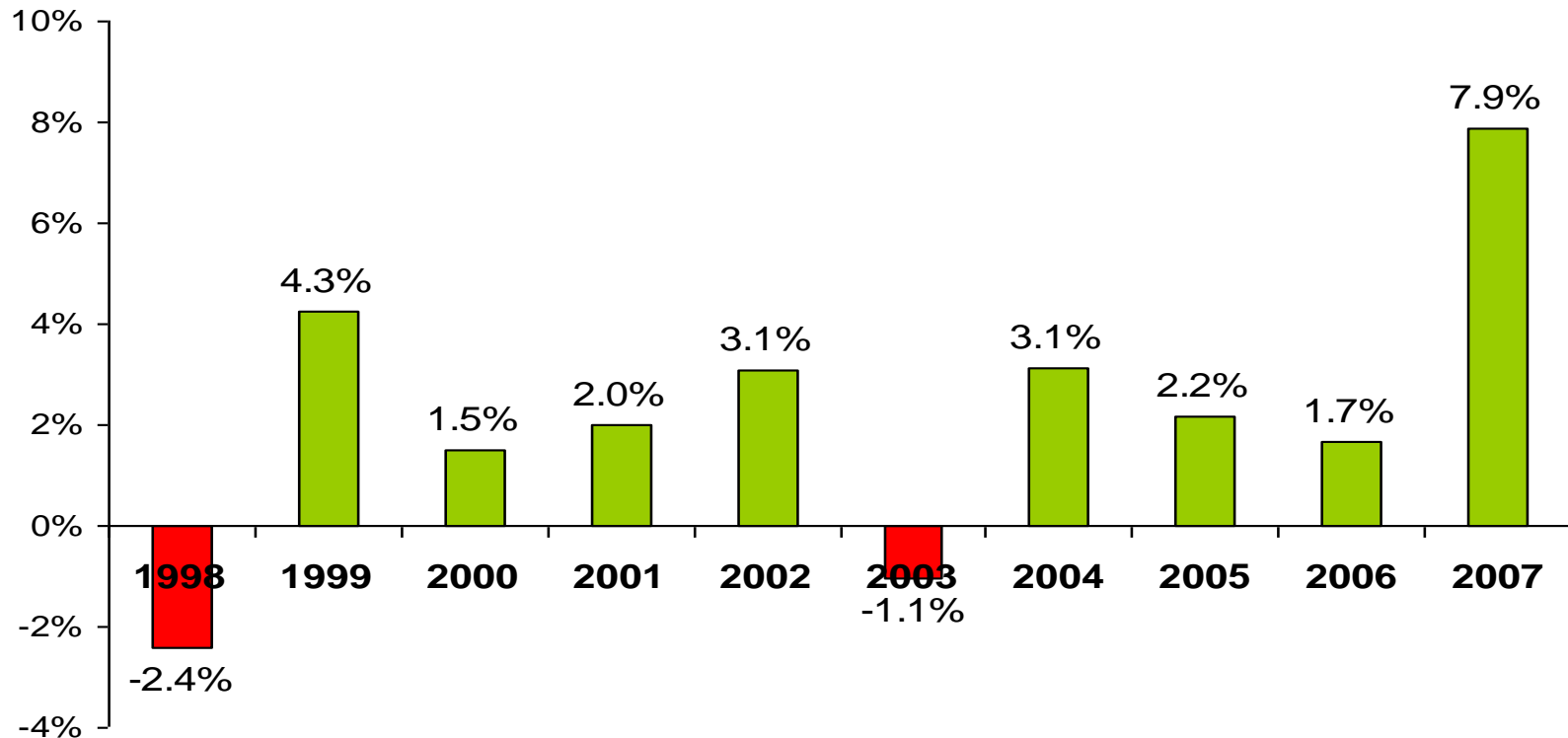
Example of Public Health and Medicaid Success: Massachusetts

- ▶ Massachusetts 2006 health reform mandated tobacco cessation coverage for Medicaid
- ▶ Comparison of pre-benefit coverage to post-benefit coverage **demonstrated a 26% decline in smoking rates**



Successful Public Health and Medicaid Collaboration: MA

Percent Drop in Smoking Prevalence
Massachusetts, 1998 - 2007



Healthy Employees Help Employers

25-30% of companies' annual costs are spent on employees with excess health risks

Annual obesity-related costs range from \$400 - \$2,000 per employee



Companies can:

- ▶ Save \$3-15 for every \$1 spent on health and wellness within 12-18 months
- ▶ Reduce absenteeism from injury or illness
- ▶ **Affordable Care Act: 3590 Sec. 2717(b)**
- ▶ By 2012 – establish wellness and health promotion activities for enrollees

Impact of Health Reform on Worksite Wellness

- **2011:** Small business grants to establish wellness programs. \$200M authorized over 5 years. (FY11–15)
- **2012:** National survey on worksite health policies and programs
- **2013:** Congressional report on the effectiveness and impact of wellness programs
- **2014:** Employers can offer incentives (e.g., premium discounts, rebates or cost-sharing waivers) up to 30% of the cost of participating in a wellness program

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